

Student Employment Application

Student Leadership & Engagement

Division of Student Affairs

SUNY Buffalo State College

Campbell Student Union 400

Instructions:

Please complete this application and submit it to Codi Masters either via email (masterca@buffalostate.edu) or in person (Campbell Student Union, Room 400), along with an updated resume, work-study award letter, and class schedule from Banner. **Failure to provide these documents will result in immediate disqualification from the applicant pool.**

Personal Information	
Date:	Banner ID:
Name:	
Home Address (Number and Street, City, State, Zip Code):	
On-Campus/Local Address:	
Phone:	Email:
Major:	Cell Phone:
Semesters completed:	Expected graduation date:

Additional Information
Applying for (please choose one): <input type="checkbox"/> Engagement Assistant (Work-Study) <input type="checkbox"/> Building Manager (Work-Study) <input type="checkbox"/> Event Assistant (Student Assistant) <input type="checkbox"/> Student Technician (Student Assistant)
NOTE: Students applying for work-study must receive FWS (Federal Work Study) funding as part of their financial aid package.
How many hours per week can you work?
Do you currently work on campus? If so, where?
How did you hear about this position?
Have you ever been a Resident Assistant, BEAT Team member, USG Senator, etc.?
Are you a member of any clubs/organizations?

Education			
School:	From:	To:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>
Location:		Type of degree or diploma:	
School:	From:	To:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>
Location:		Type of degree or diploma:	
School:	From:	To:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/>
Location:		Type of degree or diploma:	

Academic Interests
Please provide a brief description of your academic interests.

Work Experience			
Job Title/Description:	From:	To:	Employer:
Supervisors Name:	Telephone #:	May We Contact?:	Reason for Leaving:
Job Title/Description:	From:	To:	Employer:
Supervisor's Name:	Telephone #:	May We Contact?:	Reason for Leaving:

Signature	Date
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed.	